

Incident # \_\_\_\_\_  
(For Office Use)

**Maine Public Utilities Commission**  
**Underground Facility Incident Report**

Date of Report: \_\_\_\_\_

Report Submitted by: ☐ Excavator; ☐ Facility Operator; ☐ Other Party

Date of Incident	_____	Time of Incident	_____	AM / PM
Date Facility Operator Notified	_____	Time Facility Operator Notified	_____	AM / PM
Date Made Safe	_____	Time Made Safe	_____	AM / PM
Dig Safe Notified	____ Yes ____ No	Service Fully Restored	_____	AM / PM
Dig Safe Ticket #	_____	GPS Coordinates	_____	Long. _____ Lat. _____
Incident Location	_____ Street Town Tie Descriptions			
Type of Facility	____ Telephone ____ Electric ____ Gas ____ CATV ____ Water ____ Sewer ____ Other (____)			
Damage To	____ Service line ____ Distribution line ____ Transmission line ____ Other ____ No damage			
Photos held by	____ Excavator ____ Operator ____ Other Party <b>Excavator Billed for Damage</b> ____ Yes ____ No			
Property Ownership	____ Public Right of Way ____ Easement ____ Private			
Property Owner/Address	_____ Owner Street Town			
<b>Describe Facility</b> (Type, Size, Material, Pressure, etc.) _____				
<b>Describe the Activity</b> causing damage or safety concern, citing any lack of precaution (if applicable) _____				
<b>Describe Damage</b> (if applicable) _____				
Number of Injuries	_____	Number of Fatalities	_____	Estimate of Property Damage \$ _____

**Excavator Data**

Excavation Company \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Equipment Operator \_\_\_\_\_  
Equipment Description \_\_\_\_\_

**Facility Operator Data**

Facility Operator (Utility) \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Number of Outages \_\_\_\_\_  
Evacuations \_\_\_\_\_

**Probable Cause:**

- |   |  |
|---|--|
| <input type="checkbox"/> Excavator failed to notify Dig Safe              | <input type="checkbox"/> Operator failed to mark in a timely manner    |
| <input type="checkbox"/> Excavator failed to notify Nonmember operator    | <input type="checkbox"/> Operator failed to re-mark in a timely manner |
| <input type="checkbox"/> Excavator failed to premark                      | <input type="checkbox"/> Operator's markings were Incorrect due to:    |
| <input type="checkbox"/> Excavator failed to maintain markings            | ____ locator error ____ incorrect record ____ no record                |
| <input type="checkbox"/> Excavator failed to notify of damage to operator | <input type="checkbox"/> Designer failed to provide location on plans  |
| <input type="checkbox"/> Excavator failed to observe 18-in. safety zone   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Excavator was reckless and/or negligent          |  |

Comments \_\_\_\_\_

**I declare that to the best of my knowledge and belief, the information I provided is true, correct, and complete.**

Report Prepared By \_\_\_\_\_  
Print Name

For \_\_\_\_\_  
Company

Signature \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**Submit to: Damage Prevention Administrator, Maine Public Utilities Commission, 18 State House Station,  
Augusta, ME 04333 or fax to (207) 287-1039**